

## Elkhorn Area School District (1/01/18)

	Plan Option 1		Plan Option 2		Plan Option 3	
PPO Network	UHC Choice+		UHC Choice+		UHC Choice+	
	PPO		PPO		HSA	
Deductible	Embedded		Embedded		Non-Embedded	
In Network	\$250/500		\$ 500/1,000		\$1,350/2,700	
Out of Network	\$500/1,000		\$1,000/2,000		\$3,000/6,000	
Coinsurance						
In Network	100%		100%		100%	
Out of Network	80%		80%		80%	
Maximum Out of Pocket						
In Network	\$ 250/500		\$ 500/1,000		\$1,350/2,700	
Out of Network	\$1,750/3,500		\$2,250/\$4,500		\$3,500/7,000	
Maximum Out of Pocket						
(Ded, Coins & Medical						
Copays)						
In Network	\$4,350/8,700		4,350/8,700		N/A	
Out of Network	Unlimited		Unlimited			
		Out of		Out of		Out of
	In Network	Network	In Network	Network	In Network	Network
Hospitalization	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/100%	Ded/80%
Office Visit(s)	\$20/Ded/100%	\$40/Ded/80%	\$25/Ded/100%	\$50/Ded/80%	Ded/100%	Ded/80%
Specialist Office Visit(s)	\$40/Ded/100%	\$80/Ded/80%	\$50/Ded/100%	\$100/Ded/80%	Ded/100%	Ded/80%
Chiropractic Office Visits(s)	\$20/Ded/100%	\$40/Ded/80%	\$25/Ded/100%	\$50/Ded/80%	Ded/100%	Ded/80%
Physical, Occupational, Speech Therapy	\$20/Ded/100%	\$40/Ded/80%	\$25/Ded/100%	\$50/Ded/80%	Ded/100%	Ded/80%
Urgent Care	\$30/Ded/100%	\$60/PPO Ded/100%	\$50/Ded/100%	\$100/PPO Ded/100%	Ded/100%	Ded/80%
Emergency Room Care	\$150/Ded/100%	\$150/PPO Ded/100%	\$150/Ded/100%	\$150/PPO Ded/100%	Ded/100%	PPO Ded/100%
All Other Medical Services	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/100%	Ded/80%
High Tech Imaging Coverage	\$100/Ded/100%	\$100/Ded/80%	\$100/Ded/100%	\$100/Ded/80%	Ded/100%	Ded/80%
Pharmacy						
Drug Plan	\$0/10/25/50 (30-Day Retail) \$0/30/75/150 (31-90-Day Retail) \$0/20/50/100 (90-Day Mail)		\$0/10/25/50 (30-Day Retail) \$0/30/75/150 (31-90-Day Retail) \$0/20/50/100 (90-Day Mail)		PPO Deductible/100%	
Maximum Out of Pocket (Pharmacy Only)	\$2,000/\$4,000		\$2,000/4,000		N/A	
Waiver of Premium	No		No		No	